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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14955

Primary Registration District No. 1003

Registrar's No. 2385

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7122 Belrue NR5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HENRY COVINSKY

3. (b) If veteran, name war No

3. (c) Social Security No. (unk)

4. Sex Male O

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara Voss Covinsky

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCTOBER (Month) 20 (Day) 1900 (Year)

8. AGE: Years 46 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Jewelry

FATHER
12. Name Nathan Covinsky 6
13. Birthplace (City, town, or county) USSR (State or foreign country)

MOTHER
14. Maiden name Jennie (unk)
15. Birthplace (City, town, or county) USSR 6 (State or foreign country)

16. (a) Informant Jerome Seidel
(b) Address 265 N. Union Bl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) APR 30 1947 (Date received local registrar) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from 4 21, 1947, to 4 29, 1947 that I last saw him alive on 4.28. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Sigmoid, Cancer of Bladder	
Due to: Primary Site in Rectum	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations as above
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Benj F May (M. D. or other)

Address 539 N. Grand Blvd Date signed 4-29-47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Lewis A. Ludwig

Licensed Embalmer No. 4229

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.